

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/17/03.

### **I. DISPUTE**

Whether reimbursement is recommended for dates of service 01/14/03, 01/30/03 and 02/19/03.

### **II. RATIONALE**

Carrier denied services as; "F-FCEs are allowed a maximum of three times per injured worker per the medicine section, page 35 of the 04/01/96 Texas fee Guideline." Relevant information submitted by the carrier indicates the carrier previously reimbursed for three FCEs. Per MFG MGR (I)(E)(2)(a)(b), FCE's are allowed a maximum of three times for each injured worker. On this basis, reimbursement is not recommended for CPT code 97750-FC.

### **IV. FINDINGS & DECISION**

The above Findings and Decision are hereby issued this 27th day of April 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb